Charles D. Baker Governor

Karyn Polito Lieutenant Governor



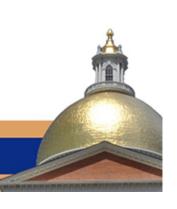
Marylou Sudders Secretary

Brooke Doyle Commissioner

## Enhanced Outpatient Treatment Pilot Fiscal Year 2022

October 2022

Massachusetts Department of Mental Health

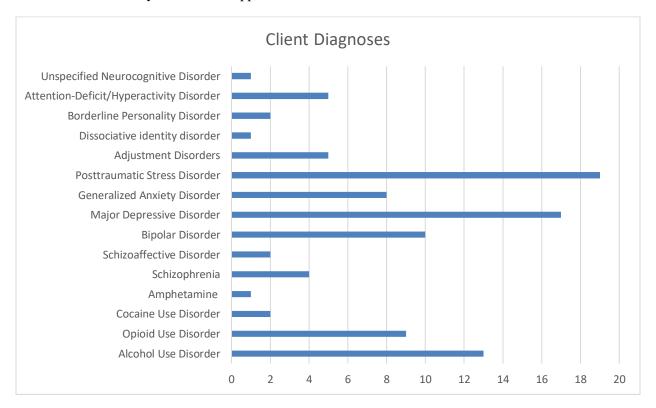


## **Enhanced Outpatient Treatment**

The Department of Mental Health's (DMH) Enhanced Outpatient Treatment (EOT) program focuses on providing assertive community outreach, engagement and support to the most under-served behavioral health population in the greater Metro North area. The Eliot Community Human Services EOT team is multidisciplinary and includes a Clinical Coordinator (LICSW), a Nurse Practitioner (RNCS), Case Managers (BA) and a certified Recovery Coach. EOT referrals are not insurance-based which frees the team from potential fee-based restrictions, utilization demands and limitation on referrals to the program. In turn, this allows team members to focus on consistent engagement based on an individual's motivation and readiness for change. This low-threshold approach to enrollment allows police departments, community mental health collaboratives (HUBs) and traditional providers struggling to support and engage clients to refer to EOT. In fact, of the 21 new referrals to EOT this past year, 20% were referred by police departments or HUBs and 80% were referred directly by community providers. \

**Persons Served:** Of the 48 total individuals served in 2021, over 52% experienced a dual diagnosis of a mental health and substance abuse disorder resulting in compounding needs including:

- ➤ Homelessness and unstable housing;
- > Mental health acuity resulting in reliance on Emergency Services and Emergency Departments;
- Current or past involvement with the criminal justice system;
- > Disengagement and lack of health providers and health care;
- Poor social determinants of health; and
- Loss of community and natural supports.



Over the past four years, EOT has seen an increase in both the number of entities referring individuals for service and the number of individuals served on an annual basis. Additionally, since 2018, EOT has partnered with BH CP, ACOs, and OneCare providers to leverage and coordinate services.

48 clients were enrolled in 2021 and, while this is a decrease compared to previous years, the complexity of individuals' needs has increased. The higher complexity requires significantly increased staff time allocated to each client. For example, EOT worked extensively with a client this year who was referred by Eliot's Project for Assistance in Transition from Homelessness (PATH) program due to his complex needs and lack of engagement due to memory challenges. The client had been released from prison after 27 years with limited support and knowledge for function in society. He had significant memory impairment which required the EOT team to spend additional time collaborating with his limited support network to piece together a treatment plan and set him up for successful. The EOT team got consent to go through records from his time in prison (approximately 2000 pages of reports) to help map out his history and the medical and behavioral health concerns with which he presented. With this information the EOT team facilitated communication with neurologists, primary care providers, and neuropsychologists to help understand his medical and memory concerns. This communication involved phone calls, reminding him of his appointments, as well as supporting him at these appointments. While working collaboratively and providing needed information, he was able to receive an appropriate diagnosis of early onset dementia which made him eligible for more appropriate services at a skilled nursing facility.

This target population demonstrates a great need for services; yet traditional behavioral health treatment that would reduce stress, symptoms, and the reliance on emergency-based services is not effective at promoting treatment engagement. Often this population needs immediate access to treatment services and community supports, and often struggles to navigate the behavioral health and larger health care system. The EOT team has focused on creating partnerships with care coordination entities to increase EOT individuals' access to care. We have worked closely with Accountable Care Organizations (ACOs) and Behavioral Health Community Partners (BHCPs) to address gaps in identified levels of care; for example, requesting case conferences to discuss specific need areas. Additionally, DMH will collaborate with MassHealth to conduct focused reviews of treatment and service utilization for each of the 48 individuals served in 2021, evaluate opportunities for improving access and implement changes where necessary.

The team outreaches and engages clients in the community, at their homes, or wherever they are to ensure services are provided. Engagement is the core strategy to deliver services and includes:

- ➤ In-person outreach with consistent in-person follow up;
- > Transportation;
- Assistance with accessing stable food and housing resources;
- ➤ Immediate and in time addiction services including recovery coaching and Medication Assistance Treatment; and
- > Support and advocacy within the criminal justice system.

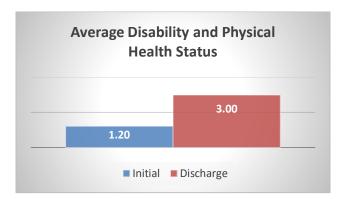
The EOT team's engagement strategies have improved the services and supports available to each individual. Compared to admission, EOT clients have seen up to an 80% increase in access to benefits, including Food Stamps, SSDI, SSI, EAEDC, and Rep Payee services.

## **Outcomes**

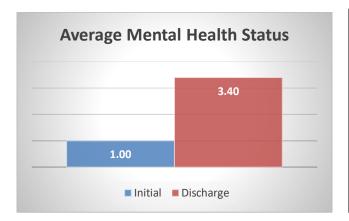
The following includes information about service outcomes that were derived from an outcome tracking tool that Eliot CHS developed. (see attached outcome tracking tool beginning on page 6)

EOT staff administer the outcome tracking tool directly with clients at 6-month intervals. The responses are based on a scale from 1 to 5, with 1 being in crisis, 2-vulnerable, 3-safe, 4-building capacity, 5-thriving.

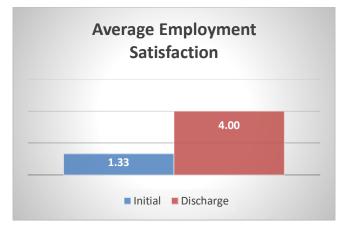
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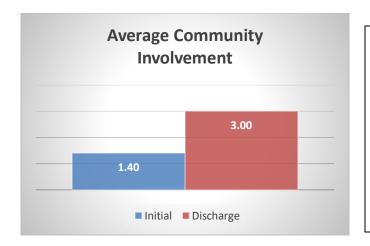
At admission, most clients self-identified as being in crisis and that acute or chronic symptoms were affecting housing, employment, social interactions, etc. Upon discharge, clients identified as being safe and that their medical symptoms were rarely affecting housing, employment, and social interactions.



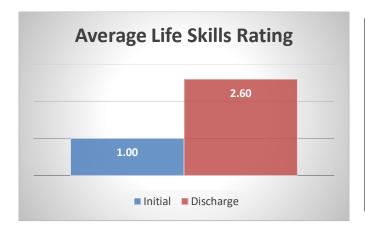
At admission, most clients identified as being in crisis level, meaning that they were a danger to themselves or others, experienced recurring suicidal ideation, and were experiencing severe difficulties in their day-to-day life due to their mental health. Upon discharge, clients identified as being between safe and building capacity, meaning that they were experiencing mild to minimal symptoms that impacted their day-to-day life moderately to slightly.



At admission, most clients identified as being closer to crisis level, meaning they were unemployed. Upon discharge, they were employed full-time with adequate pay and benefits.

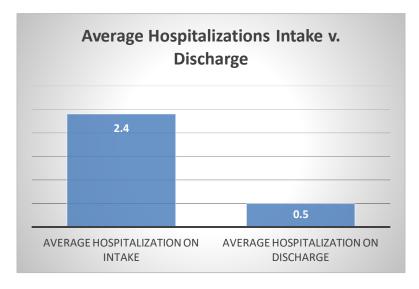


At admission, most clients identified as being closer to crisis level, meaning they did not have community involvement due to being in "survival mode." Upon discharge, clients identified as having adequate social skills and motivation to engage with their community.



At admission, most clients identified as being in crisis level, meaning that they were unable to complete any basic life skills without assistance. Upon discharge, clients identified as being able to complete between 2 and 3 skills without assistance.

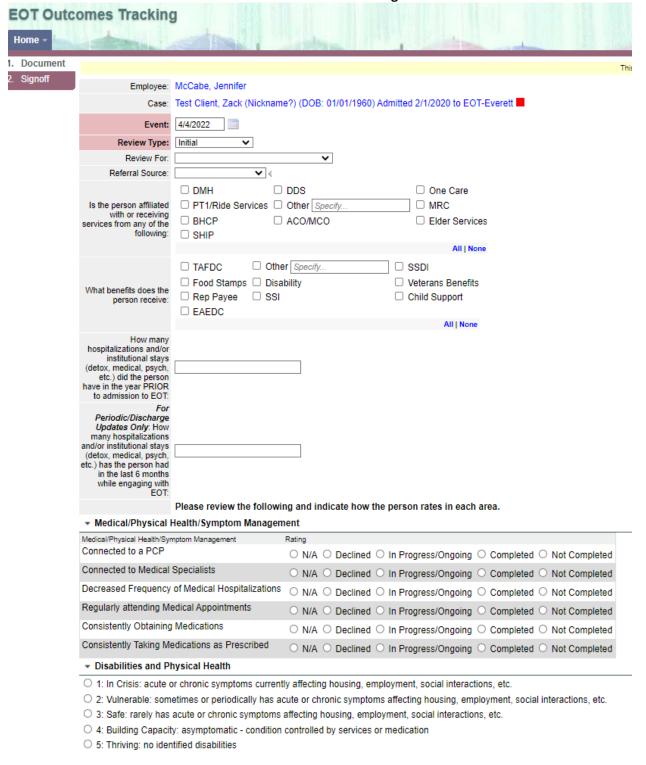
EOT client hospitalizations in last 6 months have shown a significant decrease compared to utilization in 6 months prior to admission:



EOT has also been able to maintain a high percentage of face-to-face contact with individuals served. During 2021, 70% of EOT's services were provided face-to-face. As clients begin to stabilize and needs

are met, they often decrease contact from multiple interventions per week to biweekly as aftercare services are determined. In 2021, 88% of clients who were discharged were discharged successfully. The success of the EOT program is demonstrated by the fact that the people who have been discharged from the program have successfully transitioned to less intensive services such as outpatient, BHCP, or One Care, and have stayed engaged with those services over time.

## Eliot Community Human Services, Inc. eHana EOT Outcomes Tracking Tool



▼ Psychiatric Presentation/Sympto	m Management	
Psychiatric Presentation/Symptom Managemen	t Rating	
Connected with a Therapist	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Engaging in Therapy	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Connected with a Psychiatrist	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Attending Psychiatrist Appointments	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
▼ Mental Health		
2: Vulnerable: Recurrent mental he     3: Safe: Mild symptoms may be pr     4: Building Capacity: Minimal symp     5: Empowered: Symptoms are abs     • Substance Use/Abuse	s; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to mental health problems ealth symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms esent but are transient; only moderate difficulty in functioning due to mental health problems stoms that are acceptable responses to life stressors; only slight impairment in functioning ent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns	
Substance Use/Abuse Engaging with Recovery Coach	Rating	
Connected with Medication Assisted T	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
	NA Declined of in Progress/Originity of Completed of Not Completed	
Regularly attending NA/AA/SMART R	- O tart o beginned of in Flogressivelingting of completed of the completed	
Achieved Sobriety	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Achieved Intermittent Sobriety/Decrea	sed Use N/A O Declined O In Progress/Ongoing O Completed O Not Completed	
Please indicate where the individual is in relation to the Stages of Change:  Action  Maintenan Relapse	tive n	
	Rating	
Submitted Housing Applications	$\bigcirc$ N/A $\bigcirc$ Declined $\bigcirc$ In Progress/Ongoing $\bigcirc$ Completed $\bigcirc$ Not Completed	
Access to Hygienic Living Conditions	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Achieved Temporary Housing	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Achieved Long-Term Housing	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
<b>▼</b> Housing Status		
1: In Crisis: Homeless or threatene     2: Vulnerable: In transitional, temp     3: Safe: In stable housing that is si     4: Building Capacity: Household is     5: Empowered: Household is safe,     Legal Issues/Concerns	orary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of total income) afe, adequate subsidized housing safe, adequate subsidized housing	
Legal Issues/Concerns	Rating	
Connected with a Lawyer	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Adhering to Probation Parameters	○ N/A ○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed	
Following Through with Court Obligations ON/A O Declined O In Progress/Ongoing O Completed O Not Completed		

▼ Legal	
1: In Crisis: Current outstanding warrants	
2: Vulnerable: Current charges/trial pending, noncompli	ance with probation/parole
3: Safe: Fully compliant with probation/parole terms	
O 4: Building Capacity: Has successfully completed proba	ation/parole within past 12 months, no new charges filed
$\bigcirc$ 5: Empowered: No active criminal justice involvement in	n more than 12 months and/or no felony criminal history
▼ Community Resources	
Community Resources Rating	
	○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed
Connected with Appropriate Religious Resources N/A	○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed
Connected with Community Centers O N/A	○ Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed
Connected with Appropriate Coalitions ON/A	$\bigcirc$ Declined $\bigcirc$ In Progress/Ongoing $\bigcirc$ Completed $\bigcirc$ Not Completed
Connected to Hobbies/Sports O N/A	$\bigcirc$ Declined $\bigcirc$ In Progress/Ongoing $\bigcirc$ Completed $\bigcirc$ Not Completed
<b>▼</b> Community Involvement	
$\bigcirc$ 1: In Crisis: Not applicable due to crisis situation; in "sur	rvival" mode
2: Vulnerable: Socially isolated and/or no social skills ar	nd/or lacks motivation to become involved
3: Safe: Lacks knowledge of ways to become involved	
	visory group, support group) but has barriers such as transportation, childcare issues)
5: Empowered: Actively involved in community  Pick Footon (Community)	
→ Risk Factors/Concerns	
Risk Factors/Concerns Rating Using Crisis Lines/Service Appropriately	Declined O In Progress/Ongoing O Completed O Not Completed
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Using Crisis Lines/Service Appropriately ○ N/A ○ D  Connected to Domestic Violence Resources ○ N/A ○ D  Life Skills	Declined ○ In Progress/Ongoing ○ Completed ○ Not Completed
Using Crisis Lines/Service Appropriately ON/AOD  Connected to Domestic Violence Resources ON/AOD	Declined O In Progress/Ongoing O Completed O Not Completed  Rating
Using Crisis Lines/Service Appropriately	Rating  N/A Declined O In Progress/Ongoing O Completed O Not Completed  Roting  N/A Declined O In Progress/Ongoing O Completed O Not Completed
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Using Crisis Lines/Service Appropriately  Connected to Domestic Violence Resources  Life Skills  Life Skills  Life Skills  Life Skills Options  Achieving ADLs  Connected to Services to Support ADLs  Learned Budgeting/Appropriate Money Management Habits  Appropriately Advocating for Self  Learned Time-Management Skills  Learned Technology Skills  Learned Problem Solving Skills  Life Skills Rating  1: In Crisis: Unable to meet basic needs such as hygien  2: Vulnerable: Can meet a few but not all needs of daily  3: Safe: Can meet most but not all daily living needs with	Rating N/A Declined In Progress/Ongoing Completed Not Completed
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Rate your/the person's satisfaction with their employment status		
1: Not At All		
○ 2		
○ 3		
O 4		
○ 5		
○ 6		
○ 7		
○ 8		
O 9		
O 10: Full Satisfied		
O Declined to answer		

▼ Satisfaction